The children's guilt spilt from tremulous lips: Mr Gilman was being spoon-fed by them when he aspirated. Would his death now be a result of their actions? Although they recognized it might be in his "best interest" to die after so much suffering, they were unable to let go. They could not remove him from the ventilator. We were asking them to sign his death sentence.

As the preceding vignette demonstrates, the pursuit of code status, far from being a panacea for medical dilemmas, raises a panoply of its own ethical and moral questions. Who should be charged with making decisions about the aggressiveness of medical care if the patient's wishes are unobtainable? Do past directives supersede current choices? Are family members the proper surrogates, or do we ask them to play God when they are the most stressed?

The children of Mr Gilman were in obvious turmoil from the moment they set foot in the ICU; their insistence on "doing everything" may have stemmed from their sense of culpability or possibly other family dynamics unknown to the medical team. Subsequently, they felt they were being pressured to sanction the death of their loved one, rather than simply to wean him from the ventilator if he were ready.

Is it appropriate to begin, and once begun, to continue, life-sustaining technologic measures for every patient who cannot express his or her wishes? Mr Gilman suffers so much that he must be made comatose to be pain-free. Is it unreasonably paternalistic for a physician to decide that, if respiratory failure recurs after weaning, further mechanical intervention should be withheld?

Some clinicians contend that humanistic issues can be approached in a systematic fashion, much as we develop algorithms for managing arrhythmias. They urge the establishment of "criteria" or advance directives to help simplify our task.

Indeed, it may be tempting to leapfrog over the emotional particularities of each patient's terminal situation and embrace the physician's role as automatic life-prolonger, duty-bound to apply artificial life support unless expressly forbidden by living wills, durable powers of attorney, or countersigned no-code-blue orders. But helping patients and their families confront their mortality may require more "art of medicine" than such protocols can anticipate.

The blind pursuit of code status orders is becoming routine. "Full code" is every patient's entitlement and every physician's duty, unless explicity ordered otherwise. As the struggle over Mr Gilman's fate illustrates, humane medical care requires a more nuanced choice of options than a preselected code or no-code status can afford.

Mr Gilman survived the ICU. He was weaned off the ventilator, transfused three units, transferred out of the ICU, and lost to my follow-up.

Flatline

LAURENCE J. PURDY, MD, *Pomona, California*

The headline read, "Homicides in 1992 Set Record for L.A. County." Gang warfare, civil unrest, proliferation of lethal weapons, and despair converge to blacken the stain on this troubled region. Murder is a fistfight with guns, someone said. Pulling the trigger is easier than breaking your bones on someone else's face. Now that the new year has risen from the ashes of the last and the final scorecard is in, we can look back on 1992 and consider the 2,589 dead bodies as a monument to evil and yet another victory for a dark force that inexorably crushes the conscience of the human race. We are surely doomed to repeat, and probably to surpass, the slaughter of 1992 for the simple fact that we are no longer shocked by violence on this scale. After all, nearly 2,600 homicides is just a number, a single clump of bodies whose individual outlines are indistinct.

But what if somehow all of us could focus on each one of these murders, dissect each person away from the cold statistics, and put the long tendrils of pain under a microscope, look at the details of each one, and stare at the syncytium of anguish and loss? What if we could see the faces of the parents, classmates, friends, of all the people touched in their singular way by the violent death of each solitary victim? The numbers would then turn blood red; we would have to turn our faces away from the ghastly horror of the gunshot wounds, the severed necks, the beaten mass that had once been human with a family, friends and lovers, and, perhaps, with a hope that the future would not be as grim as this last day. Chairing an ethics subcommittee showed me the faces close up.

I was introduced to Sandra and met her devoted parents and grandparents. I was told she had been popular at school, with lots of friends and four younger sisters who looked up to her. The family just happened to live in a part of town infested with gangs. One day, over two years earlier, Sandra had been driving with friends through the neighborhood when a car appeared out of nowhere, screeching around the corner, gunfire blitzing out of the

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From the Laboratory, Pomona Valley Medical Center, Pomona, California.

windows. A bullet went through the trunk of the car Sandra was in and got her in the back of the head, lodging in her brain stem.

Close to death, she was rushed by paramedics to a local hospital where she was stabilized but comatose. After the acute episode, she was transferred to an extended care facility where until recently she remained in a persistent vegetative state. Her parents visited her daily, believing each time that Sandra was giving them some sign that she knew they were there. They clutched the memory of Sandra when she was not rigidly contracted, with bubbles of secretions gurgling out of her tracheostomy tube and some thick, foreign-looking potion sludging into her through a gastrostomy tube.

I saw the father in the hall one day, a week after Sandra was transferred to my hospital in septic shock. He was a small man with dark hair sprinkled with gray and lines of vigilant worry carved around his eyes. Sandra was now on a ventilator in the intensive care unit, brain dead. The father had wanted her taken off the ventilator as soon as the neurologist told him that Sandra's brain function was nearly gone. The ethics subcommittee deliberated over the parents' request, concerned about the legal issues of the bullet in Sandra's brain and what some unseen defense attorney might have to say. All of us knew it was right to support the parents' wish to see the end of their daughter's suffering; we also knew that it was not Sandra who was suffering, but they. Parents should not be witness to the death of their child.

Two years is a long time, we were told by Sandra's parents, who thought their tears had dried long ago, but whose anger was kept smoldering by what they also saw as a pervasive and wanton disregard for human life. Two long years had passed, each day spent watching a daughter's vacant eyes reveal the loneliness of the dying, knowing she will never again jump into your arms and kiss you, knowing that at some point you must say good-bye forever. The father was waiting for the organ procurement agency to determine whether Sandra's organs could be donated for someone else's use. He desperately wanted to know that part of his daughter was alive somewhere.

This, I know, is not an unusual story. I also know that there are stories more tragic, if tragedy on this scale can be quantified. To think that this happened 2,600 times in 1992 shatters my thoughts; it is like contemplating the possibility that Hell has clawed its way to the surface. We can pretend that in Los Angeles this is not genocide, that the brutality in Bosnia-Herzegovina is the raw distillate of the devil's passion, that here in our urban war zones it is a natural process because of the nature of the people who live there. The media publish pictures of the dead in other countries; why not do the same from the sterile corridors of the county morgue? Let our photojournalists anger us about each of the 2,600; make us weep that just a few miles from where we live lies a misshapen corpse that leaves a family bereft. Show us the close-ups. Show us, sensitively and with the virtue of compassion, the families huddled with heads turned down, weakened by the loss of a loved one; show us the pictures that will make our species unite against this virus of self-destruction. Our society does not have to be another Belshazzar on the verge of defeat.

I walked up to the intensive care unit later that last day. It still had not been decided if Sandra's organs could be used. I went to her room to look in on her. On the far side of her room, hunched into a small, curved form, was her father, holding one of his daughter's contracted hands. His body shook as tears glistened in his eyes.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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